

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4833AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2009
NAME OF PROVIDER OR SUPPLIER CENTURY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1461 TANGERINE ROSE DRIVE LAS VEGAS, NV 89142		
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Y 000	<p>Initial Comments</p> <p>Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation initiated on 11/30/09 and completed on 12/7/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>Complaint #NV00023555 was substantiated. See Tag Y1001</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/2/09, the facility failed to ensure 2 of 4 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #3 and #4) for the protection of all residents. Findings include: Employee #3 was hired 5/23/09. The personnel file failed to document a two-step tuberculosis test. The personnel file for Employee #4 failed to provide documentation of an annual tuberculosis test. This was a repeat deficiency from the 12/23/08 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28276	Y 105			

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Y 105	Continued From page 2 Based on record review on 12/2/09, the facility failed to ensure 1 of 4 Employees had current, at least once every 5 years, criminal history background check completed (Employee #3). The personnel file for Employee #3 failed to contain a state and FBI background check and a signed criminal history statement. Employee #2 stated Employee #3's fingerprints were not submitted to the repository. This was a repeat deficiency from the 12/23/08 State Licensure survey. Severity: 2 Scope: 2	Y 105			
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;	Y 693			

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Y 840	<p>Continued From page 4</p> <p>required to submit to the bureau to assist in the performance of the review. the administrator shall, within a period prescribed by the bureau, provide to the bureau:</p> <p>(a) The assessments made by physicians concerning the physical and mental condition of the resident.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation, record review, and interview on 12/2/09, the facility failed to review the medical condition of 1 of 3 residents in the facility (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was oriented to person. When asked where she lived she stated she lived somewhere in California but could not remember the city. Resident #1 did not know the year, she stated she did not pay much attention to the year. When asked how she would get out of the facility in case of a fire she stated she would use an exit, but was unable to determine where an exit was.</p> <p>Resident #1 was prescribed: Aricept 10 milligrams (mg) one tablet every day at 8:00 AM, and Namenda 10 mg one tablet every day at 8:00 AM.</p> <p>The facility exits are alarmed. Employee #1 stated the exits are alarmed so she will know if</p>	Y 840		

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Y 840	Continued From page 5 any of the residents leave the facility. Employee #2 stated Resident #1 moved to a different facility but wandered from that facility, and was moved back into this facility. Employee #2 stated Resident #1 probably should be in a memory care facility but the resident liked her facility. Severity: 2 Scope: 1	Y 840			
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 12/2/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred. Resident #4 was discharged from the facility 9/22/09. The facility failed to destroy his medications.	Y 885			

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Y 885	Continued From page 6 Severity: 2 Scope: 2	Y 885			
Y 920 SS=F	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 12/2/09, the facility failed to keep medications for 3 of 3 residents in a locked area (Resident #1, #2 and #3).</p> <p>Findings include:</p> <p>The facility had a cabinet in the kitchen with a</p>	Y 920			

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Y 920	Continued From page 7 lock, however the cabinet was not locked during survey. Medication belonging to Resident #3 was found unsecured in a desk in the family room. Severity: 2 Scope: 3	Y 920			
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and observation on 12/2/09, the facility failed to keep resident files in a locked place. The resident files were kept in a filing cabinet in the family room. The filing cabinet had a lock on it, but was not locked during the survey. Employee #2 stated she was not aware the resident files had to be locked. Severity: 1 Scope: 3	Y 930			
Y1001 SS=E	449.2758(1) Training Req-Elderly Disabled	Y1001			

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Y1001	<p>Continued From page 8</p> <p>NAC 449.2758</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/2/09, the facility failed to ensure a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 1 of 4 employees (Employee #1).</p> <p>Findings include:</p> <p>Employee #1 was hired on 5/5/09. The personnel file lacked documented evidence of 4 hours of training related to the care of elderly or disabled persons.</p> <p>This is a repeat deficiency from the 12/23/08 annual State Licensure survey.</p>	Y1001			

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Y1001	Continued From page 9 Severity: 2 Scope: 2	Y1001			

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